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			Application			97,390		
		Filing Date			July	31, 2006		
TRANSMITTAL			First Named	Inventor	Sand	ers		
			Group Art U	Jnit	Not y	yet assigned		
ם סרד	29 2007 FORM	***	Examiner N	ame	Not y	yet assigned		
PATER	29 ₂₀₀₇ FUKIVI	Attorney Do		ocket No.	LIN-	001		
ζø.	/ بهر		Patent No.					
PADE	MARK OF T		Issue Date					
ENCLOSURES (check all that apply)								
⊠ Fee	Transmittal Form			e to File Missing		Request for Certificate of		
	Charle Attachad			cation (PTO-1553)	_	Correction		
	☐ Check Attached ☐ Copy of Fee Transmittal Form		Replacement I	Orawing(s)		Certificate of Correction		
⊠			Request For Continued			Notice of Appeal to Board of Patent Appeals and Interferences		
			Examination (Transmittal	rce)		Appeal Brief		
Affidavits/declaration(s) Letter to Official		Power of Attorney (Revocation of Prior Powe				Status Inquiry		
	Draftsperson including Drawings		.			Return Receipt Postcard		
П	[Total Sheets]		Executed Declaration and Power			Certificate of Facsimile Transmission under 37 C.F.R. 1.8		
L	Petition for Extension of Time					Additional Enclosure(s) (please identify below)		
Information Disclosure Statement Form PTO-1449 Copies of IDS Citations		Small Entity Statement						
		CD(s) for large table or computer program				;		
	Certified Copy of Priority Document(s)		Amendment A	fter Allowance				
	Sequence Listing submission Paper Copy/CD Computer Readable Copy Statement verifying identity of above	CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8 I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 25th day of October, 2007.						
CORRE	SPONDENCE ADDRESS			SIGNATURE BL		Westhaver-Tosto		
Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110-2600 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899				Date: October 25, 20 Reg. No.: 55,728 Tel. No.: (617) 526- Fax No.: (617) 526-	07 96 2 9	Respectfully submitted Carolyn d. Whyte Attorney for the Applicant(s) Proskauer Rose LLP One International Place Boston, MA 02110-2600		

FEE TRANSMITTAL FY 2007

Complete if Known					
Application No.	10/597,590				
Docket No.	LIN-001				
Filing Date	July 31, 2006				
First Named Inventor	Sanders				
Art Unit No.	Not yet assigned				
Examiner Name	Not yet assigned				
Confirmation No.	Not yet assigned				

METHOD OF PAYMENT				FEE CALCULATION (continued)				
Payment Enclosed:				4. ADDITIONAL FEES				
☐ Check ☐ Money Order ☐ Other				Large	. Small			
• -				Entity	Entity			
The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3081.					Fee(\$)	Fee (\$)	Fee Description	Fee Paid
Required Fees (copy of this sheet enclosed).					130	65	Surcharge - late filing fee or oath	
. 🛛	Additional fe	e required	under 37 CFR 1.1	6 and	50	25	Surcharge - late provisional filing fee or cover sheet	
×	Overpayment	Credit.			130	130	Non-English specification	
Applicant claims small entity status. (deduct 50%)					2,520	2,520	Request for ex parte re-examination	
		ALCULA'			120	60	Extension for reply within 1st mo.	
1. BASIC FILIN	•	í		FEES	460	230	Extension for reply within 2 nd mo.	
Application Type	Filing	Search	Examination	Fee Paid	1,050	525	Extension for reply within 3 rd mo.	
Utility	310	510	210		1,640	820	Extension for reply within 4th mo.	
Design	210	100	130		2,230	1,115	Extension for reply within 5 th mo.	
Plant	210	310	160		510	255	Notice of Appeal	
Reissue	310	510	620		510	255	Filing a brief in support of an appeal	
Provisional	210	0	0		1,030	515	Request for oral hearing	
			Discount	0.00	400	0	Petitions to the Director	
2 EVCESS OF A	IM PEEC	1	Fee	Small Entity	180	180 405	Submission of IDS Filing a submission after final	
2. EXCESS CLA				Fee (\$)	810	403	rejection (37 CFR 1.129(a))	
	over 20 or, for R I more than in the			25				
	endent claim over			105	810	405	For each additional invention to be	
each indep	endent claim more			103	100	100	examined (37 CFR 1.129(b)) Certificate of Correction for applicant's	
patent.					error			
Total Claims		Extra Claims	•	Fee Paid (\$)	130	65	Submission of Terminal Disclaimer	
57	2 - 31 or HP=	6	v ¢	650.00				
HP = highest number of	_	for, if great	x \$= er than 20		Other fo	e (Specify)		
Indep. Claims		Extra Claims		Fee Paid (\$)	Julia 16	~ (Specify)		
13	- 6 or HP= 7	,	, e	735.00	Other for	(Specify)		
HP = highest number of			x \$ = er than 3	,55.00	Other led	e (Specify)	4. TOTAL:	0.00
Multiple Dependent			ll Entity fee (\$)	Fee Paid (\$)			7. 10135.	0.00
Claims	370	18						
				····	1		TOTAL AMOUNT S	SUBMITTED
			2. TOTAL:	1,385.00			(\$) 1,3	885.00
3. APPLICATION SIZE FEE							SIGNATURE BLOCK	
If the specification a	nd drawing exc	eed 100 sh	eets of paper, the	application size				
fee due is \$260 (\$13	0 for small enti	ty) for eacl	n additional sheet		[Respectfully submitted,	_
there of. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Extra Sheets Additional 50 or fraction Fee (\$) Fee]	1 07 00		#	
Sheets	t	hereof		Paid	1	ober 25, 20	/ - / / / - 	<u>" </u>
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-100= 0	/50=	whole	number x	= 0.00		(617) 526-9		(S)
3. TOTAL: 0.00				rax No.: ((617) 526-9			
CORRESPONDENCE ADDRESS				{		One International Place	•	
Direct all correspondence to: Patent Administrator							Boston, MA 02110-2600	
Proskauer Rose LLP								
One International Place								
Boston, MA 02110								
Tel. No.: (617) 526-9600								
Fax No.: (617) 526-9899								